

**United States Bankruptcy Court  
Eastern District of Wisconsin**

**Voluntary Petition**

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|--|--|
| Name of Debtor (if individual, enter Last, First, Middle):<br><b>Poepppey, Chad D</b>  | Name of Joint Debtor (Spouse) (Last, First, Middle):<br><b>Poepppey, Pamela J</b>  |
| All Other Names used by the Debtor in the last 8 years<br>(include married, maiden, and trade names):  | All Other Names used by the Joint Debtor in the last 8 years<br>(include married, maiden, and trade names):  |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN<br>(if more than one, state all)<br><b>xxx-xx-3012</b>   | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN<br>(if more than one, state all)<br><b>xxx-xx-3177</b>   |
| Street Address of Debtor (No. and Street, City, and State):<br><b>5190 W. Jerelyn Place<br/>Milwaukee, WI</b><br><div style="text-align: right;">ZIP Code<br/><b>53219</b></div> | Street Address of Joint Debtor (No. and Street, City, and State):<br><b>5190 W. Jerelyn Place<br/>Milwaukee, WI</b><br><div style="text-align: right;">ZIP Code<br/><b>53219</b></div> |
| County of Residence or of the Principal Place of Business:<br><b>Milwaukee</b>   | County of Residence or of the Principal Place of Business:<br><b>Milwaukee</b>   |
| Mailing Address of Debtor (if different from street address):<br><br><div style="text-align: right;">ZIP Code</div>  | Mailing Address of Joint Debtor (if different from street address):<br><br><div style="text-align: right;">ZIP Code</div>  |
| Location of Principal Assets of Business Debtor<br>(if different from street address above):   |  |

|   |   |  |
|---|---|--|
| <b>Type of Debtor</b><br>(Form of Organization) (Check one box)<br><input checked="" type="checkbox"/> Individual (includes Joint Debtors)<br><i>See Exhibit D on page 2 of this form.</i><br><input type="checkbox"/> Corporation (includes LLC and LLP)<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Other (If debtor is not one of the above entities,<br>check this box and state type of entity below.) | <b>Nature of Business</b><br>(Check one box)<br><input type="checkbox"/> Health Care Business<br><input type="checkbox"/> Single Asset Real Estate as defined<br>in 11 U.S.C. § 101 (51B)<br><input type="checkbox"/> Railroad<br><input type="checkbox"/> Stockbroker<br><input type="checkbox"/> Commodity Broker<br><input type="checkbox"/> Clearing Bank<br><input type="checkbox"/> Other | <b>Chapter of Bankruptcy Code Under Which<br/>the Petition is Filed</b> (Check one box)<br><input type="checkbox"/> Chapter 7<br><input type="checkbox"/> Chapter 9<br><input type="checkbox"/> Chapter 11<br><input type="checkbox"/> Chapter 12<br><input checked="" type="checkbox"/> Chapter 13<br><input type="checkbox"/> Chapter 15 Petition for Recognition<br>of a Foreign Main Proceeding<br><input type="checkbox"/> Chapter 15 Petition for Recognition<br>of a Foreign Nonmain Proceeding |
| <b>Chapter 15 Debtors</b><br>Country of debtor's center of main interests:<br><br>Each country in which a foreign proceeding<br>by, regarding, or against debtor is pending:  | <b>Tax-Exempt Entity</b><br>(Check box, if applicable)<br><input type="checkbox"/> Debtor is a tax-exempt organization<br>under Title 26 of the United States<br>Code (the Internal Revenue Code).  | <b>Nature of Debts</b><br>(Check one box)<br><input checked="" type="checkbox"/> Debts are primarily consumer debts,<br>defined in 11 U.S.C. § 101(8) as<br>"incurred by an individual primarily for<br>a personal, family, or household purpose."<br><input type="checkbox"/> Debts are primarily<br>business debts.  |

|  |   |
|--|---|
| <b>Filing Fee</b> (Check one box)<br><input checked="" type="checkbox"/> Full Filing Fee attached<br><input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must<br>attach signed application for the court's consideration certifying that the<br>debtor is unable to pay fee except in installments. Rule 1006(b). See Official<br>Form 3A.<br><input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must<br>attach signed application for the court's consideration. See Official Form 3B. | <b>Chapter 11 Debtors</b><br>Check one box:<br><input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).<br><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).<br>Check if:<br><input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates)<br>are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ).<br>Check all applicable boxes:<br><input type="checkbox"/> A plan is being filed with this petition.<br><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors,<br>in accordance with 11 U.S.C. § 1126(b). |
|--|---|

|   |   |  |  |  |   |  |   |   |   |  |  |
|---|---|--|--|--|---|--|---|---|---|--|--|
| <b>Statistical/Administrative Information</b><br><input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.<br><input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid,<br>there will be no funds available for distribution to unsecured creditors.   | THIS SPACE IS FOR COURT USE ONLY                    |  |  |  |   |  |   |   |   |  |  |
| <b>Estimated Number of Creditors</b><br><table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 1-49</td> <td><input type="checkbox"/> 50-99</td> <td><input type="checkbox"/> 100-199</td> <td><input type="checkbox"/> 200-999</td> <td><input type="checkbox"/> 1,000-5,000</td> <td><input type="checkbox"/> 5,001-10,000</td> <td><input type="checkbox"/> 10,001-25,000</td> <td><input type="checkbox"/> 25,001-50,000</td> <td><input type="checkbox"/> 50,001-100,000</td> <td><input type="checkbox"/> OVER 100,000</td> </tr> </table>  | <input checked="" type="checkbox"/> 1-49            | <input type="checkbox"/> 50-99                             | <input type="checkbox"/> 100-199                           | <input type="checkbox"/> 200-999                     | <input type="checkbox"/> 1,000-5,000                  | <input type="checkbox"/> 5,001-10,000                  | <input type="checkbox"/> 10,001-25,000                  | <input type="checkbox"/> 25,001-50,000                  | <input type="checkbox"/> 50,001-100,000               | <input type="checkbox"/> OVER 100,000          |  |
| <input checked="" type="checkbox"/> 1-49  | <input type="checkbox"/> 50-99                      | <input type="checkbox"/> 100-199                           | <input type="checkbox"/> 200-999                           | <input type="checkbox"/> 1,000-5,000                 | <input type="checkbox"/> 5,001-10,000                 | <input type="checkbox"/> 10,001-25,000                 | <input type="checkbox"/> 25,001-50,000                  | <input type="checkbox"/> 50,001-100,000                 | <input type="checkbox"/> OVER 100,000                 |  |  |
| <b>Estimated Assets</b><br><table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input type="checkbox"/> \$100,001 to \$500,000</td> <td><input type="checkbox"/> \$500,001 to \$1 million</td> <td><input type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table>      | <input checked="" type="checkbox"/> \$0 to \$50,000 | <input type="checkbox"/> \$50,001 to \$100,000             | <input type="checkbox"/> \$100,001 to \$500,000            | <input type="checkbox"/> \$500,001 to \$1 million    | <input type="checkbox"/> \$1,000,001 to \$10 million  | <input type="checkbox"/> \$10,000,001 to \$50 million  | <input type="checkbox"/> \$50,000,001 to \$100 million  | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion | <input type="checkbox"/> More than \$1 billion |  |
| <input checked="" type="checkbox"/> \$0 to \$50,000   | <input type="checkbox"/> \$50,001 to \$100,000      | <input type="checkbox"/> \$100,001 to \$500,000            | <input type="checkbox"/> \$500,001 to \$1 million          | <input type="checkbox"/> \$1,000,001 to \$10 million | <input type="checkbox"/> \$10,000,001 to \$50 million | <input type="checkbox"/> \$50,000,001 to \$100 million | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion   | <input type="checkbox"/> More than \$1 billion        |  |  |
| <b>Estimated Liabilities</b><br><table style="width:100%;"> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td> <td><input type="checkbox"/> \$500,001 to \$1 million</td> <td><input type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table> | <input type="checkbox"/> \$0 to \$50,000            | <input type="checkbox"/> \$50,001 to \$100,000             | <input checked="" type="checkbox"/> \$100,001 to \$500,000 | <input type="checkbox"/> \$500,001 to \$1 million    | <input type="checkbox"/> \$1,000,001 to \$10 million  | <input type="checkbox"/> \$10,000,001 to \$50 million  | <input type="checkbox"/> \$50,000,001 to \$100 million  | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion | <input type="checkbox"/> More than \$1 billion |  |
| <input type="checkbox"/> \$0 to \$50,000  | <input type="checkbox"/> \$50,001 to \$100,000      | <input checked="" type="checkbox"/> \$100,001 to \$500,000 | <input type="checkbox"/> \$500,001 to \$1 million          | <input type="checkbox"/> \$1,000,001 to \$10 million | <input type="checkbox"/> \$10,000,001 to \$50 million | <input type="checkbox"/> \$50,000,001 to \$100 million | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion   | <input type="checkbox"/> More than \$1 billion        |  |  |

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Poeppey, Chad D****Poeppey, Pamela J****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

**- None -**

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X /s/ David G. Kingstad****November 13, 2015**

Signature of Attorney for Debtor(s)

(Date)

**David G. Kingstad 1011206****Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Poepppey, Chad D****Poepppey, Pamela J****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Chad D Poepppey**Signature of Debtor **Chad D Poepppey****X /s/ Pamela J Poepppey**Signature of Joint Debtor **Pamela J Poepppey**

Telephone Number (If not represented by attorney)

**November 13, 2015**

Date

**Signature of Attorney\*****X /s/ David G. Kingstad**

Signature of Attorney for Debtor(s)

**David G. Kingstad 1011206**

Printed Name of Attorney for Debtor(s)

**Kingstad Law Firm, LLC**

Firm Name

**8081 West Layton Avenue, Suite C  
Greenfield, WI 53220**

Address

**Email: dkingstad@kingstadlaw.com****414-281-5500 Fax: 414-281-5444**

Telephone Number

**November 13, 2015**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.*

**United States Bankruptcy Court  
Eastern District of Wisconsin**

In re **Chad D Poepppey  
Pamela J Poepppey**

Debtor(s)

Case No.  
Chapter

**13**

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* \_\_\_\_\_

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Chad D Poepppey  
Chad D Poepppey

Date: November 13, 2015

**United States Bankruptcy Court  
Eastern District of Wisconsin**

In re **Chad D Poepppey  
Pamela J Poepppey**

Debtor(s)

Case No.  
Chapter

**13**

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☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Pamela J Poepppey  
Pamela J Poepppey

Date: November 13, 2015

AT & T  
P. O. Box 5093  
Carol Stream, IL 60197

Credit Collection Services  
P.O. Box 773  
Needham Heights, MA 02494

Falls Collection Service  
P.O. Box 668  
Allenton, WI 53002

Aurora Health Care  
PO Box 091700  
Milwaukee, WI 53209

Credit Collection Services  
Two Wells Avenue  
Newton Center, MA 02459

Federal Loan Services  
P.O. Box 60610  
Harrisburg, PA 17106

Aurora Medical Group  
PO Box 341457  
Milwaukee, WI 53234

Credit Ventures, LLC  
P.O. Box 1645  
Wausau, WI 54402

IRS  
P.O. Box 7346  
Philadelphia, PA 19101

Axcess Financial  
7755 Montgomery Road  
Suite 4  
Cincinnati, OH 45236

Curtis Ambulance  
P.O. Box 2007  
Milwaukee, WI 53201

J Peterman Legal Group L  
165 Bishops Way, Ste 100  
Brookfield, WI 53005

Bank of New York Mellon Trust  
8742 Lucent Blvd. Ste #300  
Littleton, CO 80129

Eagle Collection  
749 W. Wisconsin Ave.  
Pewaukee, WI 53072

Liberty Mutual  
175 Berkeley Street  
Boston, MA 02116

Bell Ambulance  
2204 Silvernail Rd  
Pewaukee, WI 53072

Eagle Collection  
749 W. Wisconsin Avenue  
Pewaukee, WI 53072

Midland Funding  
8875 Aero Drive  
Suite 200  
San Diego, CA 92123

Central Collection Corporation  
3055 N. Brookfield Rd  
Suite 31  
Brookfield, WI 53045

Emergency Medical Specialists  
P.O. Box 320930  
Franklin, WI 53132

PNC Bank  
P.O. Box 3180  
Pittsburgh, PA 15230

Check N Go  
10712 W. Oklahoma Avenue  
Milwaukee, WI 53227

Emergency Medicine Specialists  
P.O. Box 26428  
Milwaukee, WI 53226

Prime Financial Credit U  
5656 S. Packard Ave.  
Cudahy, WI 53110

City of Milwaukee  
841 N. Broadway, Room 406  
Milwaukee, WI 53202

Exeter  
P.O. Box 166097  
Irving, TX 75016

Professional Placement  
Re: Aurora Health Care  
P.O. Box 612  
Milwaukee, WI 53201

Cornerstone Counseling  
16535 W. Bluemound Rd.  
Brookfield, WI 53005

Exeter Finance Corp.  
P. O. Box 166097  
Irving, TX 75016

Prohealth Care Med Assoc  
P.O. Box 649  
Waukesha, WI 53187-0649

Publishers Clearing House  
P.O. Box 4002936  
Des Moines, IA 50340-2936

Wheaton Franciscan Healthcare  
P.o. Box 5995  
Peoria, IL 61601

Smart Tuition  
10 Woodbridge Center Dr.  
Suite 200  
Woodbridge, NJ 07095

Wisconsin Department of Revenue  
Special Procedures Unit  
P.O. Box 8901  
Madison, WI 53708

Specialized Loan Servicing  
P.O. Box 636005  
Littleton, CO 80163-6005

SRA Associates  
401 Minnetonka Rd.  
Hi Nella, NJ 08083

State Collection Service  
PO Box 6250  
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